

## **Measure # 4b: Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Adult Specialty Care 1.0**

### **Contact Information:**

- Contact the CAHPS Help Line at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov) or 1-800-492-9261 with questions or comments about the content or implementation of CAHPS surveys, the use of CAHPS surveys for consumer reporting or quality improvement, events sponsored by the CAHPS User Network, or the usability of the CAHPS Web site.

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### **Additional Notes:**

- To learn more about using the CAHPS “Clinician and Group Survey” instruments, visit:  
[https://www.cahps.ahrq.gov/content/products/CG/PROD\\_CG\\_CG40Products.asp?p=1021&s=213](https://www.cahps.ahrq.gov/content/products/CG/PROD_CG_CG40Products.asp?p=1021&s=213).

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# CAHPS<sup>®</sup> Clinician & Group Survey

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**Version: Adult Specialty Care Questionnaire 1.0**

**Language: English**

**Response Scale: 4 points**

**Note regarding the Never-to-Always response scale:** This questionnaire employs a four-point response scale – “Never/Sometimes/Usually/Always” – which is the standard scale for CAHPS surveys. An alternative six-point scale adds “Almost never” and “Almost always” to the response options. Questionnaires with the six-point scale are available for downloading at <https://www.cahps.ahrq.gov/cahpskit/CG/CGChooseQX6p.asp>.

A version of the questionnaire with the six-point scale has been used by several early adopters of the survey; it is also the version that was endorsed by the National Quality Forum. The CAHPS Consortium is examining the performance of the two response scales in the context of this survey.



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Last updated: October 6, 2008

## Instructions for Front Cover

- Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.
- Include this text regarding the confidentiality of survey responses:

**Your Privacy is Protected.** All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

**Your Participation is Voluntary.** You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

**What To Do When You're Done.** Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

If you want to know more about this study, please call XXX-XXX-XXXX.

## Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team's recommendations include the following:

- If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.
- Maximize readability by using two columns, serif fonts for the questions, and ample white space.
- Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

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Additional guidance is available in **Preparing a Questionnaire Using the CAHPS Clinician & Group Survey**:

[https://www.cahps.ahrq.gov/cahpskit/files/32\\_CG\\_Preparing\\_a\\_Questionnaire.pdf](https://www.cahps.ahrq.gov/cahpskit/files/32_CG_Preparing_a_Questionnaire.pdf)

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## Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes → **If Yes, go to #1 on page 1**

☐ No

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**Your Doctor**

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1. Our records show that you got care from the doctor named below in the last 12 months.

Name of doctor label goes here

Is that right?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to #26 on page 4**

The questions in this survey booklet will refer to the doctor named in Question 1 as “this doctor.” Please think of that doctor as you answer the survey.

2. Is this the doctor you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

3. How long have you been going to this doctor?

<sup>1</sup> ☐ Less than 6 months

<sup>2</sup> ☐ At least 6 months but less than 1 year

<sup>3</sup> ☐ At least 1 year but less than 3 years

<sup>4</sup> ☐ At least 3 years but less than 5 years

<sup>5</sup> ☐ 5 years or more

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**Your Care From This Doctor in the Last 12 Months**

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These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 12 months, how many times did you visit this doctor to get care for yourself?

<sup>1</sup> ☐ None → **If None, go to #26 on page 4**

<sup>2</sup> ☐ 1 time

<sup>3</sup> ☐ 2

<sup>4</sup> ☐ 3

<sup>5</sup> ☐ 4

<sup>6</sup> ☐ 5 to 9

<sup>7</sup> ☐ 10 or more times

5. In the last 12 months, did you phone this doctor’s office to get an appointment for an illness, injury or condition that **needed care right away**?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to #7**

6. In the last 12 months, when you phoned this doctor’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you thought you needed?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

7. In the last 12 months, did you make any appointments for a **check-up or routine care** with this doctor?

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No → **If No, go to #9**

8. In the last 12 months, when you made an appointment for a **check-up or routine care** with this doctor, how often did you get an appointment as soon as you thought you needed?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

9. In the last 12 months, did you phone this doctor's office with a medical question during regular office hours?

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No → **If No, go to #11**

10. In the last 12 months, when you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

11. In the last 12 months, did you phone this doctor's office with a medical question **after** regular office hours?

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No → **If No, go to #13**

12. In the last 12 months, when you phoned this doctor's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this doctor **within 15 minutes** of your appointment time?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

14. In the last 12 months, how often did this doctor explain things in a way that was easy to understand?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

15. In the last 12 months, how often did this doctor listen carefully to you?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

**16.** In the last 12 months, did you talk with this doctor about any health problems or concerns?

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No → **If No, go to #18**

**17.** In the last 12 months, how often did this doctor give you easy to understand instructions about taking care of these health problems or concerns?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

**18.** In the last 12 months, how often did this doctor seem to know the important information about your medical history?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

**19.** In the last 12 months, how often did this doctor show respect for what you had to say?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

**20.** In the last 12 months, how often did this doctor spend enough time with you?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

**21.** In the last 12 months, did this doctor order a blood test, x-ray or other test for you?

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No → **If No, go to #23**

**22.** In the last 12 months, when this doctor ordered a blood test, x-ray or other test for you, how often did someone from this doctor's office follow up to give you those results?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

**23.** Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?

☐ 0 Worst doctor possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best doctor possible

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## Clerks and Receptionists at This Doctor's Office

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24. In the last 12 months, how often were clerks and receptionists at this doctor's office as helpful as you thought they should be?

<sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

25. In the last 12 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?

<sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

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## About You

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26. In general, how would you rate your overall health?

<sup>1</sup> ☐ Excellent  
<sup>2</sup> ☐ Very good  
<sup>3</sup> ☐ Good  
<sup>4</sup> ☐ Fair  
<sup>5</sup> ☐ Poor

27. A health provider is a doctor, nurse or anyone else you would see for health care. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

<sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → **If No, go to #29**

28. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

<sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

29. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control.

<sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → **If No, go to # 31**

30. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

<sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No



**31.** What is your age?

- <sup>1</sup> ☐ 18 to 24  
<sup>2</sup> ☐ 25 to 34  
<sup>3</sup> ☐ 35 to 44  
<sup>4</sup> ☐ 45 to 54  
<sup>5</sup> ☐ 55 to 64  
<sup>6</sup> ☐ 65 to 74  
<sup>7</sup> ☐ 75 or older

**32.** Are you male or female?

- <sup>1</sup> ☐ Male  
<sup>2</sup> ☐ Female

**33.** What is the highest grade or level of school that you have completed?

- <sup>1</sup> ☐ 8th grade or less  
<sup>2</sup> ☐ Some high school, but did not graduate  
<sup>3</sup> ☐ High school graduate or GED  
<sup>4</sup> ☐ Some college or 2-year degree  
<sup>5</sup> ☐ 4-year college graduate  
<sup>6</sup> ☐ More than 4-year college degree

**34.** Are you of Hispanic or Latino origin or descent?

- <sup>1</sup> ☐ Yes, Hispanic or Latino  
<sup>2</sup> ☐ No, not Hispanic or Latino

**35.** What is your race? Please mark one or more.

- <sup>1</sup> ☐ White  
<sup>2</sup> ☐ Black or African American  
<sup>3</sup> ☐ Asian  
<sup>4</sup> ☐ Native Hawaiian or Other Pacific Islander  
<sup>5</sup> ☐ American Indian or Alaskan Native  
<sup>6</sup> ☐ Other

**36.** Did someone help you complete this survey?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → **Thank you.**

**Please return the completed survey in the postage-paid envelope.**

**37.** How did that person help you? Mark all that apply.

- <sup>1</sup> ☐ Read the questions to me  
<sup>2</sup> ☐ Wrote down the answers I gave  
<sup>3</sup> ☐ Answered the questions for me  
<sup>4</sup> ☐ Translated the questions into my language  
<sup>5</sup> ☐ Helped in some other way

*Please print:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Thank you**

**Please return the completed survey in the postage-paid envelope.**

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# **CAHPS<sup>®</sup> Clinician & Group Survey**

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## **Supplemental Items for the Adult Specialty Care Questionnaire 1.0**

**Language: English**

**Response Scale: 4 points**



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### Important instructions

**Placing Supplemental Items in the Core Questionnaires.** After you copy one or more supplemental items into the core questionnaire:

- **Fix the formatting** of the items as needed to fit into the two-column format.
- **Renumber** the supplemental item and **ALL** subsequent items so that they are consecutive.
- **Revise ALL skip instructions** in the questionnaire to make sure they point the respondent to the correct item number.

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## Care You Got From This Doctor

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**Insert DC1 – DC2 after core question 14.**

**DC1.** In the last 12 months, how often did this doctor check to be sure you understood everything?

- <sup>1</sup> ☐ Never
- <sup>2</sup> ☐ Sometimes
- <sup>3</sup> ☐ Usually
- <sup>4</sup> ☐ Always

**DC2.** In the last 12 months, how often did this doctor encourage you to ask questions?

- <sup>1</sup> ☐ Never
- <sup>2</sup> ☐ Sometimes
- <sup>3</sup> ☐ Usually
- <sup>4</sup> ☐ Always

**Insert DC3 after core question 15.**

**DC3.** In the last 12 months, how often did this doctor let you talk without interruptions?

- <sup>1</sup> ☐ Never
- <sup>2</sup> ☐ Sometimes
- <sup>3</sup> ☐ Usually
- <sup>4</sup> ☐ Always

**Insert DC4 after core question 17.**

**DC4.** In the last 12 months, did this doctor talk with you about specific things you could do to manage your condition?

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No

**Insert DC5 after core question 18.**

**DC5.** How would you rate this doctor's knowledge of you as a person, including values and beliefs that are important to you?

<sup>1</sup> ☐ Very poor

<sup>2</sup> ☐ Poor

<sup>3</sup> ☐ Fair

<sup>4</sup> ☐ Good

<sup>5</sup> ☐ Very good

<sup>6</sup> ☐ Excellent

**Insert DC6 – DC7 before core question 21.**

**DC6.** In the last 12, months did this doctor ever examine you?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 21**

**DC7.** In the last 12 months, how often was this doctor as thorough as you thought you needed?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

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## **Coordinating Your Care**

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**Insert CC1 before core question 21.**

**CC1.** In the last 12 months, did this doctor talk with you about all of the prescription medicines you were taking?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

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## Cost of Care (Prescriptions)

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**Insert COC1 – COC2 after core question 20.**

**COC1.** In the last 12 months, did you take any prescription medicine?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 21**

**COC2.** In the last 12 months, were you ever worried or concerned about the cost of your prescription medicine?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

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## Doctor Role

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**Insert DR1 after core question 2.**

**DR1.** Which of the following best describes this doctor's role in your care?

<sup>1</sup> ☐ This doctor has had an ongoing role in my care

<sup>2</sup> ☐ I have only seen this doctor one time (one-time consultation, procedure or treatment)

<sup>3</sup> ☐ Other

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## Shared Decision Making

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**Insert SD1 – SD3 before core question 21.**

**SD1.** Choices for treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did this doctor tell you there was more than one choice for your treatment or health care?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 21**

**SD2.** In the last 12 months, did this doctor talk with you about the pros and cons of each choice for your treatment or health care?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**SD3.** In the last 12 months, when there was more than one choice for your treatment or health care, did this doctor ask which choice you thought was best for you?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

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### **Surgery or Procedures Done by This Doctor**

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**Insert SP1 – SP6 after core question 22.**

**SP1.** In the last 12 months, did this doctor perform surgery or a procedure on you?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 23**

**SP2.** In the last 12 months, did this doctor give you enough information on the surgery or procedure before it was done?

<sup>1</sup> ☐ Definitely yes

<sup>2</sup> ☐ Somewhat yes

<sup>3</sup> ☐ Somewhat no

<sup>4</sup> ☐ Definitely no

**SP3.** In the last 12 months, did this doctor make sure you had enough pain relief during the surgery or procedure?

<sup>1</sup> ☐ Definitely yes

<sup>2</sup> ☐ Somewhat yes

<sup>3</sup> ☐ Somewhat no

<sup>4</sup> ☐ Definitely no

**SP4.** In the last 12 months, did this doctor give you medications to relieve your pain after the procedure or surgery?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**SP5.** In the last 12 months, did you phone this doctor's office for help or advice after the procedure or surgery?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 23**

**SP6.** In the last 12 months, when you phoned this doctor's office for help or advice after the procedure or surgery, did you get the medical help or advice you needed?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No